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CONFIRMATION NO. 7543

<b>SERIAL NUMBER</b> 10/510,285	<b>FILING OR 371(c) DATE</b> 07/19/2005 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 1510-1092
<b>APPLICANTS</b> Rolf Larsson, Blomstervagen, SWEDEN; Carl-Gustaf Groth, Skoldvagen, SWEDEN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE03/00545 04/04/2003 <b>** FOREIGN APPLICATIONS *****</b> SWEDEN 0201053-6 04/08/2002 <div style="text-align: right;"><b>** SMALL ENTITY **</b></div>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 466				
<b>TITLE</b> Stent assembly and device for application thereof				
<b>FILING FEE RECEIVED</b> 620	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	